

**WAIVER OF COUNSEL/REQUEST TO SECURE COUNSEL**  
CHICAGO POLICE DEPARTMENT

NAME OF ACCUSED	RANK	STAR NO.	UNIT OF ASSIGNMENT
MCBETH, Theresa	PO	6629	011

**WAIVER OF COUNSEL**

I, the undersigned, hereby acknowledge that I have received and read the charges/allegations against me and I knowingly and voluntarily wish to proceed with the hearing, examination or interrogation without having counsel of my own choosing present to advise me during this hearing, examination or interrogation.

Date-Time \_\_\_\_\_ Signature \_\_\_\_\_

**REQUEST TO SECURE LEGAL COUNSEL**

I, the undersigned, having been advised of my right to counsel of my own choosing at all hearings, examinations and interrogations in connection with the charges/allegations against me which have been given to me in writing and receipt of which is hereby acknowledged, elect to secure the services of counsel and agree to proceed with said hearing, examination or interrogation at

\_\_\_\_\_ hours, on \_\_\_\_\_, 20\_\_\_\_\_. in Room \_\_\_\_\_

\_\_\_\_\_ Chicago, Illinois, at which time said hearing, examination or interrogation shall be commenced. By placing my signature upon this statement, I affirm my wish to secure said counsel and agree to comply with Department hearing, examination or interrogation scheduled on the date aforesaid.

Date-Time 19 June 2012 1005 Signature Theresa M. M. B.

**WITNESSES**

John Davis  
\_\_\_\_\_  
\_\_\_\_\_

**DISTRIBUTION**

COMPLAINT REGISTER INVESTIGATION

Original to investigator's file

COMPLAINT REGISTER NO. 1049609

Duplicate to affected member

ATTACHMENT NO. 31

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Date-Time

17 Jun 2012 732

Signature

Theresa C. B.

**WITNESSES**

ALIA B. B.  
\_\_\_\_\_  
\_\_\_\_\_

**DISTRIBUTION**

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